MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

File No. 39099

Registered No.

35

1. PLACE OF DEATH
County Dunklin
Township Holcomb
City 3 mi South of Campbell No. St. Ward)

Registration District No. 284
Primary Registration District No. 5404

2. FULL NAME John Wesly Davenport

(a) Residence, No. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

JAN 23 1933

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Husband of Mrs Jm Davenport

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Mar 22, 1866

7. AGE: YEARS 66 | MONTHS 8 | DAYS 26 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farming
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ill.

FATHER
13. NAME: John W. Davenport Sr.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown

MOTHER
15. MAIDEN NAME: Nancy Jane Staley
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ill.

17. INFORMANT (ADDRESS): Sarah Davenport 3 mi South of Campbell

18. BURIAL, CREMATION, OR REMOVAL
PLACE Cosman Cem DATE Dec 20 1933

19. UNDERTAKER (ADDRESS): E. W. Landers, Campbell

20. FILED 1-10 1933 J. A. Anderson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec 18. about 4 A.M. 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at ....m.
The principal cause of death and related causes of importance were as follows:

By shooting himself with a 12 gauge shotgun with suicidal intent

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Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? suicide Date of injury Dec 18, 1933
Where did injury occur? Res. residence Dunklin County Mo. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury In home (suicide)
Nature of injury gun shot wound

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify .....
(Signed) D. J. Rigdon Cor. , M. D.
(Address) Kennett Mo